

COMBINED ACKNOWLEDGEMENT AND CONSENT

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

This acknowledgement of notice and consent authorizes Drs. Khubchandani, Stasik, and Bub to use and disclose health information about you for treatment, payment, and healthcare operations purposes.

Notice of Privacy Practices. Drs. Khubchandani, Stasik, and Bub have a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

I have received the Notice of Privacy Practices for Drs. Khubchandani, Stasik, and Bub and authorize them to use and disclose health information about

_____ for treatment, payment, and healthcare
(please print patient name)
operations purposes consistent with their Notice of Privacy Practices.

Signature of patient (or patient's personal representative)

Date